MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575636

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3				2			53						
4				1			54						
5				1			55						
6				1			56						
7				3			57						
8				4			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				3			64						
15				1			65						
16				1			66						
17				1			67						
18			1				68						
19			1				69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⇩	4	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦	20	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS			24				TOTAL CLAIMS						

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